



DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
ADULT EDUCATION SECTION  
P.O. BOX 480, JEFFERSON CITY, MO 65102

**TEACHER APPLICATION**  
**ADULT EDUCATION AND LITERACY CERTIFICATION &**  
**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

<b>IDENTIFICATION DATA</b> PLEASE PRINT CLEARLY				
NAME (LAST, FIRST, MI)		SS# -- --	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH
ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER ( ) -	MENTOR ASSIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO		MENTOR NAME	
DEGREE HELD BY APPLICANT <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTER'S <input type="checkbox"/> SPECIALIST <input type="checkbox"/> DOCTORATE		<b>PREVIOUSLY CERTIFIED IN MISSOURI</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, attach official transcripts with application.)		

<b><input type="checkbox"/> FIRST 3-YEAR CERTIFICATE (AEL-I)</b>			
DATE ____/____/____ Month Day Year		FINGERPRINT CARDS HAVE BEEN SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Applicants are required to submit 2 sets of fingerprint cards prior to certification)</i>	
Beginning Teacher Workshop (BTW)			
DATE ____/____/____ Month Year		DATE ____/____/____ Month Year	
Intermediate Teacher Workshop (ITW)		Experienced Teacher Workshop (ETW)	
English as Second Language Workshop (ESL)		<b>or</b>	
<i>Must be completed the year following BTW</i>		<i>One must be completed the year following ITW</i>	
<b>REQUIRED- ONE IN-SERVICE PER FISCAL YEAR (FALL OR SPRING) JULY 1- JUNE 30</b>			
<b>FALL</b>		<b>SPRING</b>	
1 <sup>st</sup> Year			
2 <sup>nd</sup> Year			
3 <sup>rd</sup> Year			

<b>RENEWAL <input type="checkbox"/> 3-YEAR CERTIFICATE (AEL-I)</b>		<b>RENEWAL <input type="checkbox"/> 10-YEAR CERTIFICATE (AEL-II)</b>	
ETW/ESL CERTIFICATION WORKSHOPS <i>Attend 2 of 3 Years</i>	IN-SERVICES <i>Attend 1 per fiscal year (July 1-June 30)</i>	ETW/ESL CERTIFICATION WORKSHOPS <i>Attend 7 of 10 Years</i>	IN-SERVICES <i>Attend 1 per fiscal year (July 1-June 30)</i>
1.		1.	
2.		2.	
3.		3.	
<b>NOTE:</b> This Application for Adult Education and Literacy Certification and Individual Professional Development Plan (IPDP) has been combined on one form in an attempt to ease the paper burden for Missouri's AEL teachers.		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
		10.	
		SIGNATURE OF TEACHER	
SIGNATURE OF DIRECTOR			DATE

<b>FOR STATE USE ONLY: AEL-I AND II CERTIFICATION/IPDP</b>			
DATE RECEIVED	DATE ISSUED		APPROVED
TYPE OF CERTIFICATE	PREVIOUS AEL CERTIFICATE ISSUED Month Year		DEGREE ON MAINFRAME <input type="checkbox"/> YES <input type="checkbox"/> NO

PHOTOCOPIES OR FACSIMILIES OF THIS COMPLETED FORM CANNOT BE ACCEPTED  
COMPLETE AND SIGN OTHER SIDE OF FORM



**PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)**

New applicants must submit two (2) full sets of fingerprints to the Missouri Department of Elementary and Secondary Education, Adult Education and Literacy Section. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Adult Education and Literacy Section, and may be completed by any law enforcement agency. Out of state applicants must submit a \$25.00 processing fee.

**Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor, whether or not sentence was imposed or suspended? If yes, explain fully.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been restricted, disciplined, resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?   | <input type="checkbox"/> | <input type="checkbox"/> |

**SWORN AFFIDAVIT**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching.

I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

LEGAL SIGNATURE OF APPLICANT

DATE

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